



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE

Insurance Division – Self-Insurance Section
500 James Robertson Parkway, 4TH Floor
Nashville, Tennessee 37243-1132
Phone: (615) 741-1756
Fax: (615) 532-2788

SELF-INSURERS' QUALIFICATION REQUIREMENTS

EFFECTIVE JULY 1, 2003, ALL EMPLOYERS APPLYING TO BE SELF-INSURED FOR WORKERS' COMPENSATION IN TENNESSEE MUST SUBMIT WITH THIS APPLICATION A \$500.00 NON-REFUNDABLE APPLICATION FEE.

Complying with your request for information and necessary forms to make an application of the Tennessee Workers' Compensation Act as a Self-Insurer, we are enclosing one copy of the following:

1. employers application to act as a Self-Insurer;
2. bond form;
3. self-insurers' payroll report form;
4. bulletin on the Anti-Fraud Plan;
5. one copy of Rule V, basis of premium
6. an excerpt from the manual published by the National Council on Compensation Insurance and
7. Indemnity Agreement form.

All Self-Insurers must post a surety bond of not less than \$500,000. Written by an A rated company licensed to write surety in Tennessee. The \$500,000 limit may be increased. **Letters of credit are not acceptable.**

It will be necessary to use the enclosed bond form, forwarding the original to this Department.

We also require that the Self-Insurer, at the discretion of the Commissioner of Insurance, purchase, in addition to the initial deposit with this Department, excess catastrophe coverage, if the operation of such business is of a hazardous nature.

There is a sixty-day minimum for the renewal of an applicant's file. If the employer does qualify to operate as a Self-Insurer under the provisions of the Tennessee Workers' Compensation Law, the effective date of such privilege shall be subsequent to the sixty-day review period.

You are also required by this Department to obtain an intrastate experience modification rate, with information based on calendar year, and an effective date of January 1 from the:

National Council on Compensation Insurance, Inc.
Customer Service Center
901 Peninsula Corporate Circle
Boca Raton, FL 33487
(800) 622-4123

All Forms for this are obtained from the National Council. This is required every year.

If we can be of further service please advise (615) 741-1756.

GENERAL REQUIREMENTS FOR SELF-INSURANCE – WORKERS’ COMPENSATION

All applicants for Self-Insurance of Workers’ Compensation must complete a detailed six-page application. Approved self-insurers must re-submit an application each year showing any changes in the operation, or the financial condition of the employer. A payroll report showing all payrolls by class **must** be submitted and certified. This data is used to collect a 4.4% tax on all self-insurers. This is a recovery of premium tax.

There must be an understanding with the employer as to filing all forms and reports as required by the Workers’ Compensation Division. Pursuant to TCA 50-6-413, all self-insured employers are required to maintain a workers’ compensation claims office or to contract with a claims adjuster located within the borders of the State of Tennessee. Such claims office or adjuster has authority to commence temporary total disability benefits and medical benefits if so ordered by the claims coordinator or by a court at a show cause hearing.

If any employer in Tennessee is to be approved on the basis of the financial capacity of a parent, associate, or affiliate, a certified financial statement of the guarantor must be submitted, and the guarantor must furnish the Department an absolute guarantee of all the employer’s obligations under the Tennessee Workers’ Compensation Law. Anything less than this is not acceptable.

Employers domiciled in Tennessee, or operating principally in Tennessee should have a minimum workers’ compensation premium of \$350,000 after discounts. (Please note; there are no exceptions to this requirement.)

Financial capacity is the most critical requirement. The employer must have at least a three (3) year record of financial stability, and must be an organization with considerable net worth. Also, the employer must submit the company’s most recent three (3) year audited financial statements, as well as, three (3) years loss history.

An employer recently acquired through a highly leveraged buyout is **not** eligible to self-insure until they have a well-established and acceptable financial capacity. This type of employer must operate on an insured basis until the financial status is fully known.

Policies providing excess or catastrophe coverage are required of **all** employers. This coverage **must** be written on a STATUTORY coverage basis, and policies such as umbrellas etc., are **not** acceptable. All such coverage must be provided by insurance companies properly qualified in Tennessee and have an A rating or better. We may require coverage written on a direct pay basis as opposed to a reimbursement or reinsurance basis. Self-insurance retentions may be negotiable between the employer and this Department

A self-insurer must handle claims in a satisfactory manner, and failure to do so may result in immediate withdrawal of the privilege to self-insure, either by the Department of Commerce and Insurance, or by the Commissioner of Labor.

EFFECTIVE JULY 1, 2003, ALL EMPLOYERS APPLYING TO BE SELF-INSURED FOR WORKERS’ COMPENSATION IN TENNESSEE MUST SUBMIT WITH THIE APPLICATION A \$500.00 NON-REFUNDABLE APPLICATION FEE.

Items Required to Begin Review of Self-Insurance Privilege

1. Completed, signed and notarized application.
2. Completed payroll report from previous calendar year.
3. Audited Financial Statements for the three most recent years
4. Anti-Fraud Plan submitted to the address on form (to obtain forms call 615-532-5341)
5. Three most recent years loss runs valued as of December 31.
6. Three latest experience mods. Interstate mods will be accepted for approval, but once approved, we will only accept Intrastate or Tennessee only mods. We also accept "Test Mods". All mods must be on calendar year basis and effective January 1, and be promulgated by NCCI.
7. List of all Tennessee locations, their addresses including zip codes, and number of employees at each location.
8. Name and address of person in Tennessee responsible for handling claims. (See TCA§50-6-413)
9. Name, address, phone number, fax number and e-mail address for contact person responsible for Self-Insurance program.
10. Indemnity agreement for each subsidiary if applicable.
11. Federal Employer Identification Number.
12. \$500.00 Non-refundable application fee. (Effective July 1, 2003)



STATE OF TENNESSEE

DEPARTMENT OF COMMERCE AND INSURANCE

Insurance Division – Self-Insurance Section
500 James Robertson Parkway, 4TH Floor
Nashville, Tennessee 37243-1132
Phone: (615) 741-1756
Fax: (615) 532-2788

Date: _____

Gentlemen:

The undersigned employer (applicant) submits the following statements and reports of qualifications to carry his own risk under provisions of the Workers Compensation Act of Tennessee.

1. Name of applicant: _____ Phone No. _____

2. Address: _____
Street City County State Zip

3. The Applicant is: _____
(State whether a corporation, public authority, other) (FEIN#)

4. List below the title, names and addresses of officers and directors of the corporation

Title	Name	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Date of commencement of business: _____

6. Chartered under the Laws of the state of _____ on _____ Date

7. If a foreign corporation, give date of registration in office of the Tennessee Secretary of State: _____ Date

8. Has there been any change in corporate structure within the last two years? _____

If yes, explain: _____

9. Has applicant any affiliates, subsidiaries, or divisions? _____ If so, give following information regarding same:

State whether affiliate, division or subsidiary	Name and office address	Character and location of business
_____	_____	_____
_____	_____	_____

10. Is Applicant a subsidiary? _____ If so, give name and address of Parent Company, and list all subsidiaries of same:

1. Parent Company is: _____

2. Its Subsidiaries are:

Name of subsidiary	Name and office address	City, State, Zip Code
_____	_____	_____

11. Description of employment:

For year ending _____

Locations in Tennessee	Kind of employment	Average number of employees in Tennessee	Actual payroll for all employees in Tennessee

Attach additional pages if necessary

12. Date when self-insurance is desired: _____

13. Name of current workers' compensation carrier: _____

14. Current workers' compensation premium paid in Tennessee: _____

15. What is the expiration date of your present policy? _____

16. What is your latest experience rating? _____ Please attach a copy of this rating.

17. Name of Service Company proposing to administer your program? _____

18. Statement of Assets and Liabilities

Assets		Liabilities	
Cash on hand and on deposit	\$ _____	Notes Payable(ScheduleB)	\$ _____
Stocks (Schedule B)	\$ _____	Accounts Payable	_____
Bonds (Schedule B)	_____	Accrued Taxes	_____
Mortgages (Schedule A)	\$ _____	Delinquent Taxes	_____
Notes Receivable	_____	Other Payable (including accruals)	_____
Less allowances for notes past due	\$ _____	Deferred revenue or income	_____
Accounts Receivables	_____	Total Current Liabilities	\$ _____
Less allowances for accounts past due	\$ _____	Mortgage Indebtedness – Specify (showing maturities):	
Other receivables (including accruals)	\$ _____	_____	\$ _____
Inventories (note question 21)	\$ _____	_____	_____
Prepayment, insurance, rent taxes etc.	\$ _____	_____	\$ _____
Total Current Assets	\$ _____	Bond Indebtedness – Specify (showing maturities):	
Investments (long-term) Specify:		_____	\$ _____
_____	\$ _____	_____	_____
_____	_____	_____	_____
Other Assets and Deferred Charges Specify:		Deposit and other Trust Funds:	
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	\$ _____
_____	\$ _____	Reserves – Specify:	
_____	_____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____
Plant and Equipment	\$ _____	Other Liabilities – Specify:	
Real Estate (book value)	_____	_____	\$ _____
Building (cost)	_____	_____	\$ _____
Machinery and Equipment (cost)	_____	Net Worth:	
Furniture and Fixtures (cost)	_____	Capital Stock – preferred	\$ _____
Automobile, trucks, other vehicles (cost)	_____	Capital Stock – common	_____
Total	\$ _____	Paid-in surplus	_____
Less depreciation	_____	Earned surplus	_____
Total Assets	\$ _____	Total Net Worth	\$ _____
		Total Liabilities and Net Worth	\$ _____

Answer all the following questions and fill in all schedules.

19. Inventories

Class	Method of Inventory	Date Taken	Amount

Attach additional pages if necessary

20. Are any assets mortgaged or pledged, in addition to those listed in Schedule B, C and D?_____

Yes or No

If yes, Amount _____ Explain:_____

21. Contingent Liabilities – (not included in the above financial or periodical statement) – Specify each:

- (a) Notes re -discounted

- (b) Accommodations endorsements

- (c) Suretyships

- (d) Other guaranties

- (e) Goods held on consignment

- (f) _____

22. Have your books been audited by a certified public accountant?_____ If so please submit a copy.

Yes or No

SCHEDULES SUPPLEMENTAL TO FINANCIAL OR PERIODICAL STATEMENT

SCHEDULE-A
NOTES AND LOANS RECEIVABLE

Name of Maker	Address	Secured? By What?	Amount

SCHEDULE-B
STOCKS AND BONDS OWNED

Description (Specify)	Book Value	Current Market Value	Actual Cost	Are these in default as to principal or interest?

Attach additional pages if necessary.

SCHEDULE-C
REAL ESTATE AND OTHER PHYSICAL ASSETS LOCATED IN TENNESSEE OWNED BY APPLICANT

Description and Location of Tennessee Property	Book Value	Assessed Value	Fire Insurance Carried on buildings	Amount of Liens on Property if any

Attach additional pages if necessary

SCHEDULE-D
NOTES PAYABLE

Payable to whom	Maturity	Secured? By What?	Amount

Attach additional pages if necessary

23. For three fiscal years, inclusive of latest completed year. (Covering applicant’s business as a whole.)

Items: (Omit cents)	Year ended 20	Year ended 20	Year ended 20
Sales			
Total Assets			
Liabilities			
Net Worth			
Annual Profits or losses			
Dividends declared and paid			
Total Payroll			

24. Is the applicant in default or in arrears on any obligations (including cumulative dividends) to its mortgage holders, bond holders, or stockholders? Amount? If so, specify or explain

25. Financial statements are prepared, (check): Quarterly Semi-Annually Annually
On what calendar dates do such periodical statements become available?

26. Past three year’s Accident Experience

	Date	Date	Date
Number of deaths			
Number of dismemberments			
Number of temporary disabilities exceeding 7 days duration			
Number of accidents of all kinds			

27. What arrangements have you made for first aid to insured employees?

28. What hospital facilities have you for injured employees?

29. To what doctors will you send your injured employees?

30. Describe provisions of contract for medical services, if any

31. Give Names and position of regular salaried employees who will handle your compensation cases?

Name	Position

32. Do you require applicant employees to submit to a medical examination by a physician or surgeon before assignment to permanent force? If so, what deficiencies are sufficient for rejection?

33. Is there in connection with your business, or in the manufacturing or handling of products, any special or catastrophe hazard? If so, give full description, stating the maximum number of employees at one time exposed to such hazards.

What power is used to operate your machinery?

BUILDING OCCUPIED:			
Number of Stories	What floors do you occupy?	Maximum Number of Employees of Any one floor. Give Location.	Fire Escapes

Number of Elevators, State whether passenger or freight.	Give Number of Boilers and locations	Stairways to Exits. Give width.

34. Who will be the Excess Insurance Company to protect you from any incurred liability under the Workers Compensation Act of Tennessee and what will be your proposed self-insured retention:

Has a photocopy of this policy been placed on file in The Department of Commerce and Insurance?

35. Is you plant inspected by other than State Authority?

36. Do you have a department or individual that pays particular attention to safety methods of operation? If so, is that department or individual supplied with the Safety Orders promulgated by the Tennessee Department of Labor with reference to your business? _____

37. In consideration of the approval of this application, the applicant hereby expressly agrees as follows:
- a. That this privilege may be revoked by the Commissioner of Labor, as provided in Section 50-6-407, Tennessee Code Annotated.
 - b. That the applicant, who is carrying catastrophe or excess coverage insurance, will file a photocopy of the policy with The Department of Commerce and Insurance.
 - c. That upon request by The Commissioner of The Department of Commerce and Insurance, the applicant will deposit with said Commissioner an acceptable surety bond amounting to not less than the minimum requirement.
 - d. That I will not solicit, receive or collect any money from my employees or make any deduction from their wages for the purpose of discharging any part of my liability under the Workers Compensation Act and that I will not permit any person with my knowledge to sell or try to sell medical or hospital tickets to my employees for medical, surgical or hospital treatment required by law to be furnished by me to injured employees.

38. RATING AGENCY: Indicate whether your company or parent company is rated my the following rating agencies:

Standard & Poors Corporation	
Moody’s	
Dun & Bradstreet	
Other (specify)	

Signed _____ Employer

By _____

(Official Position)

AFFIDAVIT

(The person subscribing the affidavit below should be the employer himself; or if the employer be a partnership, one of the partners; or if the employer be a corporation, its president, vice-president, secretary or treasurer.)

State of _____

_____ County

_____, first being sworn on oath, deposes and says that he is the person who signed the forgoing application for the employer therein named, and that he is acquainted with the affairs of said applicant employer, to which the representations and statements set forth in the forgoing application, knows the contents thereof and that said representations and statements therein contained are true to the best of his knowledge, information and belief.

(Affiant’s Signature)

(Official Position)

Subscribed and sworn to before me at _____, this _____ day

Of _____, A.D., 20 _____.

(Notary Public)

IMPORTANT

When the applicant is a subsidiary company or a partnership, the Commissioner requires that the parent company, or any other company or persons holding stock in the applicant company, or a partner or partners in the applicant partnership, shall give a satisfactory guarantee that the applicant will fully and promptly pay all sums which are or may become payable under the provisions of the Tennessee Workers’ Compensation Law and under the terms of the agreement contained in this application.



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
500 James Robertson Parkway, 4th Floor, Nashville, TN 37243-1132
SELF-INSURERS PAYROLL REPORT

ITEM 1	TO THE COMMISSIONER OF THE DEPARTMENT OF COMMERCE AND INSURANCE: _____ 20_____ The undersigned, an employer operating under the provisions of the Tennessee Worker's Compensation Act, as SelfInsurer, submits the following information for the purpose of enabling the Insurance Commissioner to determine the amount of tax due the State of Tennessee under provision of Section 50-6-405, Tennessee Code Annotated.								
ITEM 2	Name of Employer_____ Address:_____								
ITEM 3	Figures contained in this report are for the purpose of adjusting the tax assessment made for the period of January 1, 20_____, to December 31, 20_____, and for making the assessment for the period of January 1, 20_____, to December 31, 20_____.								
ITEM 4	<table><tr><td>Code</td><td>Classification of Operation</td><td>Average number of employees in Tennessee for year ending December 31, 20_____,</td><td>Actual/ Estimated Payroll of all employees in Tennessee for period of _____20_____ _____20_____</td></tr><tr><td colspan="4">TOTAL</td></tr></table>	Code	Classification of Operation	Average number of employees in Tennessee for year ending December 31, 20_____,	Actual/ Estimated Payroll of all employees in Tennessee for period of _____20_____ _____20_____	TOTAL			
Code	Classification of Operation	Average number of employees in Tennessee for year ending December 31, 20_____,	Actual/ Estimated Payroll of all employees in Tennessee for period of _____20_____ _____20_____						
TOTAL									
	<p>NOTE IMPORTANT</p> <p>1. CLERICAL OFFICE EMPLOYEES. – This classification shall include those employees with office duties only and having no other duty of any other nature in or about the employer's premises.</p> <p>2. Unless the payroll above is subdivided into proper classifications, the highest rate will be used in calculating the premium.</p> <p>3. If employer has multiple locations, please consolidate classifications.</p>								
ITEM 5	<p>RETURN THIS COPY TO THIS OFFICE – RETAIN A COPY FOR YOUR FILES</p> <p>The forgoing enumeration and description of employees includes all persons employed in the services of this employer in Tennessee in connection with the business operations above described to whom remuneration of any nature in consideration of service is paid, in whole or in part by bonuses, commissions, vacation pay, holidays or sickness periods, or on basis of piecework, or by store certificates, merchandise credits, or any substitute for money. Such form of payment shall be considered as wages to be included in the actual remuneration earned, and the total remuneration earned by each employee shall be reported excluding only the part of overtime as set forth in the basis of premium. This remuneration shall also include the President and Vice-President, Secretary or Treasurer of this employer in every instance where the Executive Officer actually performs such duties as are ordinarily undertaken by a Superintendent, Foreman, or worker, or whose duties include direct charge of the actual performance of any obligations of the risk. The entire payroll of such an Executive Officer shall be assigned without division to the highest rated classification which applies to any such duties undertaken by such Executive Officer for any part of his time. The Department of Commerce and Insurance reserves the right to examine the books of the Employer at any time during the current or following year and any extension thereof so far as they relate to the remuneration earned by any employee of this employer.</p>								
	<p>_____ (Name of Company)</p> <p>I, _____ (Title), of the above named company do hereby solemnly swear that the items of the foregoing account are correct and that they constitute the total amount of remuneration received by all employees in the State of Tennessee for the period stated therein to the best of my knowledge and belief.</p> <p>_____ (Official and Title)</p> <p>Subscribed and sworn to before me this _____ day of _____, 20____</p> <p>My Commission Expires _____</p> <p>_____ (Notary Public)</p>								



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BOND OF EMPLOYER CARRYING HIS OWN RISK

KNOW ALL MEN BY THESE PRESENTS: That _____ a corporation duly incorporated under the laws of the State of _____, _____ as principal, and _____, a corporation duly incorporated under the laws of the State of _____, as surety, are held and firmly bound unto the State of Tennessee for the use and benefit of the employees of the principal and to the dependents of such employees in the sum of _____ dollars, current money of the United States to be paid to the State of Tennessee, to the payment whereof we hereby bind ourselves and each of us, our and each of our heirs, executors, successors and assigns, jointly and severally, firmly, by these presents.

Sealed with our seal and dated, this _____ day of _____, 20_____

WHEREAS, the above bounden _____ did on the _____ day of _____, 20_____, file with the Commissioner of Insurance of the State of Tennessee, his, her, their or its application for the privilege under Section 50-6-405, Tennessee Code Annotated and any amendments thereto, being a part of the Worker's Compensation Insurance Law, Chapter 12, of Title 50, Tennessee Code Annotated, of paying compensation and operating under said Law without insuring the same; and

WHEREAS, the Commissioner of Commerce and Insurance did, on the _____ day of _____, 20_____, grant this privilege upon the condition that the said principal enter into a bond in the penalty sum of _____ Dollars, conditioned, amount things, that said principal shall abide by and perform the requirements of the aforesaid Law and any amendments thereto, with reference to paying compensation and furnishing medical, surgical and other services and funeral expenses to said employees and their dependents;

NOW, THEREFORE, the condition of this obligation is such that if the above bounden _____

Shall well and truly, from time to time, and at all times thereafter abide by and perform all requirements of the aforesaid Law and any amendments thereto, respecting the payment of compensation and furnishing at its own cost and expense, of medical, surgical and other services and funeral expenses to said employees and their dependents, then this obligation shall be void, otherwise to remain in full force and effect virtue in law.

This bond is and shall be construed to be a direct obligation by the principal and surety herein either jointly or severally, to the person who may be entitled to such sum for medical, surgical and other services, funeral expenses or compensation and may be sued upon and enforced in the name or names of such person or persons.

This bond may be cancelled at any time by the surety upon giving thirty (30) days' written notice to the Commissioner of Commerce and Insurance of the State of Tennessee, in which event the liability of the surety shall, at the expiration of the said thirty days, cease and determine, except as to such liability of the principal on account of injury or death to any of its employees, as may have accrued prior to the expiration of said thirty days, it being understood that the surety shall be liable, within the penal sum mentioned herein, for the default of the principal in fully discharging any liability on its part accruing during the life of this obligation.

IN WITNESS WHEREOF, The said employer has caused these presents to be signed in its name by its President, and its corporate seal attached hereto, attested by its Secretary, and the said Surety has likewise caused these presents to be signed in its name by its President, and its corporate seal attached hereto, attested by its Secretary.

_____ Secretary	_____ Per _____ President
_____ Secretary	_____ Per _____ President or authorized officer of Surety Co.

I, _____, Secretary of the employer corporation aforesaid hereby certify that by resolution adopted on ____ day of _____, 20_____, the Board of Directors of the employer aforementioned directed and empowered the execution of this Bond.

In witness whereof I hereunto set my hand and affix my official seal.

Secretary

(PLEASE ATTACH POWER OF ATTORNEY)

(USE THIS FORM OF ACKNOWLEDGEMENT IF THE EMPLOYER IS A CORPORATION)

State of _____ ,
_____ County.

This _____ day of _____, 20____ , personally came before me, _____, Notary Public of _____ County, State of _____, _____ who being by me duly sworn says that he knows the common seal of _____ and is acquainted with _____ who is president of said corporation, and that he, the said _____, is the secretary of the said corporation and saw the said president sign the foregoing instrument, and saw the said common seal of said corporation affixed to said instrument by said president (or that he, the said _____ secretary as aforesaid, affixed said seal to said instrument), and that he, the said _____ signed his name in attestation of the execution of said instrument in the presence of said president of said corporation.

Witness my hand and official seal, this the _____ day of _____, 20_____

Notary Public

My Commission Expires

INDEMNITY AGREEMENT

KNOW ALL MEN BY THESE PRESENT, that we _____ ,
a corporation, organized and existing under and by virtue of the laws of the State of _____ , for and
in consideration of the State of Tennessee authorizing _____ , a
corporation, to operate as a self-insurer under the provisions of the Workers' Compensation Law of the State of
Tennessee do hereby guarantee the payment by said _____ of any and all valid claims for
compensation and other benefits made against it under the said Workers' Compensation Law for injury or death to
any of its employees or former employees and in the event that said _____ shall not pay or
cause to be paid directly to claimants the benefits due or that may become due under said Law, then the pay or cause
to be paid directly to claimants the benefits due or that may become due under said Law, then the undersigned _____
_____, covenants and agrees that it will pay to all such claimants the benefits
due, including a reasonable attorney fee incurred by said claimants in any action brought on this agreement, with the
expressed knowledge and understanding that the execution and acceptance of this agreement is for the benefit of
unknown and unnamed employees and former employees of said _____, and
that said _____ does hereby recognize this agreement as a direct financial guarantee to
said employees or former employees.

PROVIDED HOWEVER, that _____ , shall have a right to cancel and
terminate this agreement at any time upon giving the State of Tennessee at least sixty (60) days written notice of its
desire to do so; provided further, that such cancellation shall not affect its liability as to any benefits payable for
injuries occurring prior to the date of cancellation specified in such notice.

This agreement shall be effective as of _____ , 20 _____

Signed, sealed and delivered this _____ day of _____ , 20 _____

BY: _____

(Official Position)

ATTESTED:

Secretary

(Corporate Seal)